Black Horse Pike Regional Board of Education - RX

| Black Horse Pike Regional Board of Education | | |
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| | CURRENT ESI | NJEHP ESI |
| Pharmacy | | |
| Out Of Pocket Maximum | \$3,000 Individual / \$6,000 Family | \$1,600 Individual / \$3,200 Family |
| Retail Generic | \$10 copay (34 day limit) | \$5 copay (30 day limit) |
| Mail Order Generic | \$1 copay (90 day limit) | \$10 copay (90 day limit) |
| Retail Brand Name | \$15 copay (34 day limit) | \$10 copay (30 day limit) |
| Mail Order Brand Name | \$1 copay (90 day limit) | \$20 copay (90 day limit) |
| Mandatory Generics Program* | N/A | Pharmacist must dispense the generic equivalent medication when one is available* |
| Mandatory Mail Order for Specialty Medications** | Mandatory Mail Order for Specialty Medications Program requires that specialty pharmaceutical medications be obtained through a Central Fill Specialty** | Mandatory Mail Order for Specialty Medications Program requires that specialty pharmaceutical medications be obtained through a Central Fill Specialty** |
| Performance Preferred Medication Program*** | The Performance Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications*** | The Performance Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications*** |
| Step Therapy**** | Member must use the most cost-effective, clinically efficacious preffered treatment prior to progressing to alternative therapies / Grandfathered **** | Member must use the most cost-effective, clinically efficacious preffered treatment prior to progressing to alternative therapies/Not Grandfathered **** |

^{*}Under the Mandatory Generics Program, the pharmacist must dispense the generic equivalent medication when one is available. If the member or the member's physician prefers the brand medication rather than an available generic equivalent medication, member will be required to pay the brand co-payment plus the difference in cost between the brand and generic medication.

****Step Therapy programs are designed to ensure quality and manage costs. Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, Step Therapy programs require a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If the member purchases the higher cost medication without a prior approval, there will be no coverage for the higher cost medication. Step Therapy is employed in each of the following drug categories: Proton Pump Inhibitors (Ulcer/Reflux medications), SSRI/SSNRI (Antidepressants), Osteoporosis, Nasal Steroids, Hypnotics, Triptans (Migraine), ARBs (High Blood Pressure/Hypertension). Standard co-payments apply for prescription medications approved under the Step Therapy program. Current medications will be subject to step therapy under the NJEHP plan.

^{**}Mandatory Mail Order for Specialty Medications Program requires that specialty pharmaceutical medications be obtained through a Central Fill Specialty. Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, and/or require special handling and patient monitoring. Members will be allowed to receive one fill through the retail pharmacy and any subsequent fills will be required through a Central Fill Specialty.

^{***}The Performance Preferred Medication List is a voluntary guide for selecting clinically and therapeutically appropriate medications. A great majority of brand-name medications and all generic medications are included on the Performance Preferred Medication List. In addition, the list excludes several medications, regardless if the plan design allows for such coverage. Members would be responsible for paying 100% of the medication cost of these excluded medications identified in the Performance Preferred Medication List.

Black Horse Pike Regional Board of Education Prescription Rates

| | 2020 ESI Retail: \$10 Generic / \$15 Brand 34 day limit Mail Order: \$1 Generic / \$1 Brand | 2020 EHP Retail: \$5 Generic / \$10 Brand 30 day limit Mail Order: \$10 Generic / \$20 Brand |
|-----------------|---|---|
| Rates: | 90 day limit | 90 day limit |
| Employee | \$167.00 | \$140.00 |
| Employee+Child | \$247.00 | \$208.00 |
| Employee+Spouse | \$333.00 | \$280.00 |
| Family | \$417.00 | \$351.00 |